

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

7/13/2005-90110-003-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L03000015243

1. Entity Name
MAIN STREET CAPITAL, LLC



Principal Place of Business
1500 BAYVIEW DRIVE
SARASOTA, FL 34239

Mailing Address
P.O. BOX 18027
SARASOTA, FL 34276

DO NOT WRITE IN THIS SPACE

07052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-1049096

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOIGT, STEPHEN F ESQ
2042 BEE RIDGE RD.
SARASOTA, FL 34239

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when releasing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MOORE, WILLIAM B
1500 BAYVIEW DR
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SA [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8-2-05 741 927-9415
Date Daytime Phone #